

## UTAH DEPARTMENT OF TRANSPORTATION

# APPLICATION FOR OPERATING LONGER COMBINATION VEHICLE / VEHICLES (LCV)

(Please put an X in the appropriate bo  ☐ Combined Trailer Leng		eet to 95 Feet.
☐ Truck and Two-Trailer	Combination In Exc	cess of 92 Feet.
☐ Truck and Single Traile	er Combination In Ex	xcess of 88 Feet.
□ Single Trailer In Excess	of 53 Feet.	
(Please 7	Гуре or Print the Follo	wing Information)
Company Name:		USDOT:
Company Address:		
City/State:		Zip:
Mailing Address (or terminal in	nformation):	
	Contact: _	
City/State:		Zip:
Telephone:	Fax:	E-mail:
Company Representative Name	& Title:	
Requested Routes:		
Interstate Highway Route	es:	
Secondary Highways or I	Roads:	
Complete Utah Route fro	om Beginning to End:	

3/20/2007

#### Note:

Routes are Interstate Highways & Freeways only and one (1) traveled mile off and on for food, fuel, and to & from terminal or delivery. List all highways and roads used. Routes will be evaluated on a case-by-case basis.

#### **Safety and Training Requirements:**

This is to certify that the above named company has an established and aggressive safety program, which as a minimum, is in compliance with 49 CFR Parts 387 – 399 of the Federal Motor Carrier Safety Regulations and has a satisfactory safety standing with the Department. You may find information on what constitutes an overall satisfactory standing with the Department by visiting www.rules.utah.gov/publicat/code/r909-016.htm

The company also certifies that all drivers have been trained in accordance with 49 CFR Part 380 and Part 391, and are in compliance with the Utah Regulations for Legal and Permitted Vehicles.

### **Company Acceptance:**

The company, as a condition of obtaining LCV Authorization, shall assume all responsibility for accidents, including injury to any persons or damage to public or private property caused by operations. The authorized company agrees to indemnify and hold harmless the Department (UDOT), the Utah Highway Patrol (UHP), their officers, agents and employees from any and all claims resulting directly or indirectly from the operations of LCV's on any public highway of the State of Utah.

If at any time your company's FMCSA Safety Rating, Utah Safety Standing, SAFER National Out of Service percentage exceeds the national average, or excessive permit violations occur this privilege may be revoked by the Department.

The Department will check your company's Federal Safety Rating and required insurance electronically. By sending this request you agree to all of the stipulations and requirements listed on this application and to abide by all State and Federal Laws, Rules, and Regulations pertaining to these combination vehicles.

You will be notified of the outcome of your application by official letter within 5 business days of the receipt of your request.

Date

Requestors Name (please print) & Signature

# Return To: Richard Ollerton, UDOT/MCD, Fax 801-965-4211 0r rollerton@utah.gov.

**Note:** If at any time the information provided in this application changes you are required to notify the Department for approval, addition to, or deletions from your records. This could include addition or deletion of vehicles, route changes, address change, etc.

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